ROBERTSON EQUINE SALES, LLC
AUTHORIZATION OF AGENT

Date:_____

I do hereby constitute and appoint:

Name of Agent_____

Address_____

Phone Number:_____ Fax Number:_____

Email Address_____

to be my duly appointed and authorized agent, with full power and authority, to do in my name and on my behalf any and all acts which I might do if personally present and acting on my own behalf pertaining to the sale and/or purchase of horses at the Robertson Equine Sales, LLC ("RES") auction (the "Sale") to be conducted on _____ (date). For purposes of this Authorization, the Sale shall include any matters or actions required prior to or following the Sale including any private sales and/or purchases which shall occur prior to, during or after the Sale.

I agree to be bound by any and all actions taken by Agent on my behalf pertaining to the sale and/or purchase of the horses at the Sale. I agree to pay for any and all horses purchased by Agent on my behalf at the Sale in accordance with the RES Terms and Conditions of Sale. Further, Agent is expressly authorized and directed to on my behalf: (i) bid on and purchase any horse in the Sale; (ii) execute and deliver any and all documents in connection with the purchase and/or sale of the horses in the Sale; (iii) grant a security interest to RES in any and all horses purchased at the sale; (iv) receive and disburse funds from the sale and/or purchase of horses at the Sale; (v) waive rights under the Consignors' Contract, Terms and Conditions of Sale or law; (vi) accept goods; (vii) make representations and warranties regarding any horses; (viii) make announcements regarding the sale of horses at the sale from the auction stand; and (ix) file reserve bids for any horse at the Sale owned by me.

I agree that this Authorization shall be revocable only in writing, such revocation to become effective when received and acknowledged in writing by RES.

Signature:_____

Printed Name:_____

Title (if applicable):_____

Address_____

Phone Number:_____ Fax Number:_____

Email Address_____

STATE OF _____)
) ss:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 202 ___ by _____, the _____ for and on behalf of _____.
(Title if Not an Individual) (Entity Name if Applicable)

My commission expires: _____.

_____
Notary Public